

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021155

STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Linn Creek Osa TOWN Osa		c. CITY OR Linn Creek TOWN Osa	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First Madison Middle Lee Last Martin		4. DATE OP DEATH July 4, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 10, 1924
9. AGE (In years last birthday) 34		10. FUNDING YEAR Months 34 Days 34 Hours 34 Min. 34	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood worker		10b. KIND OF BUSINESS OR INDUSTRY Novelty	
11. BIRTHPLACE (City and state or country) Laclede County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Levi Martin		13b. MOTHER'S MAIDEN NAME Mandy Ellen Leffert	
14. NAME OF HUSBAND OR WIFE Anna Pearl Martin		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 486-30-5184		17. INFORMANT Mandy Ellen Martin Address Linn Creek, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Stomach DUE TO (b) With multiple metastases DUE TO (c) 148X		INTERVAL BETWEEN ONSET AND DEATH 8 months	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 148X	
20c. TIME OF INJURY Hour 5:55 Month May Day 9 Year 58 a.m. 5:55 p.m. 5:55		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input checked="" type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Camden, Mo.		20f. CITY, TOWN, OR LOCATION COUNTY Camden STATE Mo.	
21. I attended the deceased from Death occurred at May 9-58 to July 4-58 and last saw him alive on July 4-58 5:55 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Name or title) Thomas E. Hedges	
22b. ADDRESS Camden, Mo.		22c. DATE SIGNED July 5-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE July 6, 1958	
23c. NAME OF CEMETERY OR CREMATORY Freedom Cemetery		23d. LOCATION (City, town, or county) Camden County, Missouri	
24. FUNERAL DIRECTOR ADDRESS Hedges Funeral Home Camden, Mo.		25. DATE RECD. BY LOCAL REG. July 5-1958	
26. REGISTRAR'S SIGNATURE Zilpha J. Inaw			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

8961 0 1 707

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Walter P. Hedges

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.